

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 03/27/02.
b. The request was received on 08/13/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60
 - b. HCFAs-1500
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The commission case file does not include the carrier sign sheet documenting that the requestor's 14 day additional information was forwarded to it. The provider's 14 day additional information was received by the division on 08/30/02. The insurance carrier submitted both an initial response and a response to the 14 day additional information. All information in the case file will be reviewed and considered in Findings and Decision.

III. PARTIES' POSITIONS

1. Requestor: No Position Letter
2. Respondent: Letter dated 09/18/02
"It is the position of the (Carrier) that the documentation submitted does not meet the requirements of Rule 133.1 (E) (i) [sic] for the three highest level office visits... and/or service(s): a copy of progress notes and/or SOAP...notes, which shall substantiate the care given and the need for further treatment(s) and/or service(s), and indicate progress, improvement, the date of the next treatment(s) and/or service(s), complications, and expected release dates."

IV. FINDINGS

1. Based on Commission Rule 133.305(d)(1)(2), the only date of service eligible for review is 03/27/02.
2. The carrier has denied the DOS as:
 “N11 - Not Documented. Upon review, documentation as submitted does not support the level of service(s) billed.”;
 “D – Duplicate Charge.”;
 “O – Upon review of your request for a reconsideration, no additional benefit is recommended at this time.”
3. Per the provider’s TWCC-60, the amount billed was \$48.00; the amount paid was \$0.00; the amount in dispute is \$48.00.
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
03/27/02	99213	\$48.00	\$0.00	N11,D,O	\$48.00	MFG; E/M Ground Rules (IV) (A); (C) (2); CPT descriptor	In review of the medical documentation submitted in the dispute packet, the medical progress note of 03/27/02 does not meet two of the requirements of the code. The documentation did not include an expanded problem focused history or an expanded problem focused exam. No reimbursement is recommended.
Totals		\$48.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 17th day of January 2003.

Donna M. Myers
 Medical Dispute Resolution Officer
 Medical Review Division

DMM/dmm